



Compensated Work Therapy Program (CWT)

- ♦ Transitional Work Experience (TWE) Program
 - ♦ Transitional Residence (TR) Program
 - ♦ Supported Employment (SE) Program
- ♦ Supported Employment for Severe Mental Illness (SE-SMI)
 - ♦ Incentive Therapy (IT) Program
- ♦ Spinal Cord Injury Vocational Integration Program (SCI-VIP)

FY 2015 Strategic Plan

**DEPARTMENT OF VETERANS AFFAIRS
VA PALO ALTO HEALTH CARE SYSTEM**

"...to care for him who shall have borne the battle and for his widow and his orphan..."



A CARF Accredited Program since 2001



The CWT Mission

The CWT program is dedicated to helping participants improve the quality of their lives through vocational rehabilitation as it relates to the following major areas:

- ♦ Development of positive work habits and attitudes;
- ♦ Gaining a sense of purpose through productive employment;
- ♦ Healthy living and stability in mental health status;
- ♦ Maintaining independent living and improving social skills, leading to community reintegration;
- ♦ Minimizing reliance on institutional care.

To be eligible for CWT services, participants must have a signed referral from a VA provider who holds medical privileges, and must be declared medically stable by his/her Primary Care Physician and/or Mental Health Treatment Clinician.

Compensated Work Therapy (CWT) PROGRAM

The Compensated Work Therapy (CWT) Program is a vocational rehabilitation program operating under Psychology Service at the Veterans Affairs Palo Alto Health Care System (VAPAHCS). The VAPAHCS Strategic Plan identifies priorities for emphasis and action for fiscal years 2013-2015. Our priorities reflect those of the Department of Veterans Affairs (VA), the Veterans Health Administration (VHA), the Mental Health Programs at the VA Palo Alto Health Care System, and the Sierra Pacific Network (VISN 21).

The purpose of the CWT Program is to foster the development of a supportive, therapeutic environment where participants can develop sufficient skills to achieve optimal levels of independence and productivity.

The CWT Program is included in the VAPAHCS Psychology Service Levels of Care Chart. The CWT Program component falls under Level I (Highest Internal Control) for Outpatient (Lowest Intensity). The CWT/TR Program component falls in Level 2 (Moderate Internal Control) for Residential.

In its 2013-2015 Strategic Plan, VAPAHCS outlined the following six (6) objectives:

- ♦ **Our people:** The employees, volunteers, students, trainees, contractors, and others who serve our veterans are our most important resource.
- ♦ **Access:** We are committed to providing our veterans and fellow employees the right service, in the right place, at the right time.
- ♦ **Quality:** Our mission is to provide exceptional health care to all veterans we serve.
- ♦ **Safety:** The safety of our veterans and workforce is essential every day.
- ♦ **Innovation:** We embrace continuous learning, improvement, and research as fundamental to our ongoing success and improved access for veterans.

- ◆ **Stewardship:** Each of us carries the responsibility of ensuring the best use of our nation's resources in performing our duties.

The CWT Program's Strategic Plan is congruous with the vision of the VAPAHCS to provide a cost effective, patient-oriented continuum of care which is comprehensive, accessible, and interdisciplinary, with the primary focus of successfully integrating the patient into the community.

The CWT Program has also modeled its Strategic Plan to be in line with the Department of Veterans Affairs' 2014-2020 Strategic Plan, which outlines the following goals:

- ◆ Empower veterans to improve their well-being
- ◆ Enhance and develop trusted partnerships
- ◆ Manage and improve operations to deliver seamless and integrated support

CWT's vision embraces the VA's five core values: Integrity, Commitment, Advocacy, Respect and Excellence (ICARE). CWT shares in the national goals of improving efficiency of service delivery, and aims to have veterans contacted within five days of initial consult.

The CWT Program has incorporated the philosophies of the VA and VAPAHCS Strategic Plans and adapted our plan to serve as a road map to the future and as a management tool for addressing our priorities. It is based on a foundation of commitment to excellence, accessibility, service, and value.

ORGANIZATIONAL CAPABILITIES

This Strategic Plan describes the way in which the CWT Program will leverage its positioning to achieve its future goals and expectations. It establishes the framework we will use to plan our agenda, set priorities, and allocate resources. The plan takes into account our performance over past years as well as future goals to map out an approach to our program mission, along with the mission of the VAPAHCS.

This plan reflects the priorities of the VAPAHCS for FY 2013-2015 and integrates them with our mission and program initiatives. The Strategic Plan will help us direct our resources, strengthen coordination, use technology to perform our work more efficiently and accurately, and communicate more effectively with those we serve and our VA and community partners. The Strategic Plan is not a static document; it will change in response to feedback from stakeholders and consumers, assessment of our performance, and emerging needs from management.

Similarly, this Strategic Plan does not reflect all actions we intend to utilize in the achievement of our objectives. Rather, these strategies illustrate the general directions which we will follow in FY 2014. Adaptation and flexibility remain key components.

The CWT Program continually reviews and analyzes information obtained from formal and informal outcome data to improve its programs (see separate outcomes data at end of this document, pages 12-18). The CWT Program is a part of a research project with the Northeast Program Evaluation Center (NEPEC) located in West Haven, CT, which has been integral in providing statistical data based on reports submitted by all CWT programs throughout the United States.

Additionally, the CWT Program maintains a local database to gather outcome data to facilitate improvements to the program.

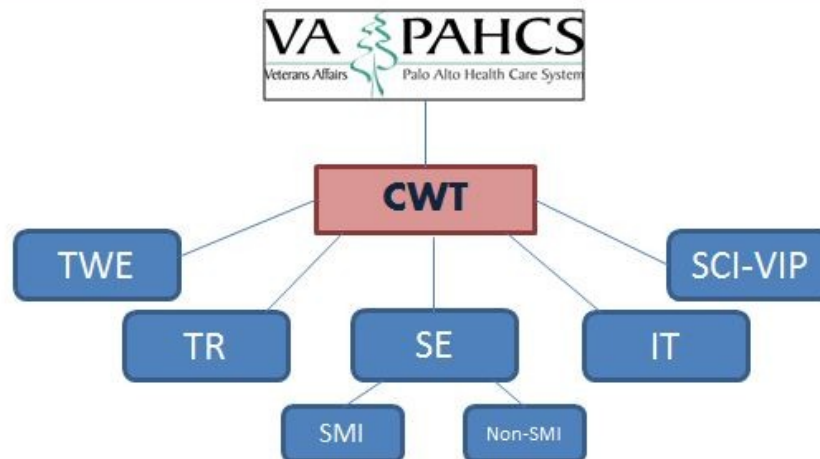
CWT Defined

The Compensated Work Therapy Program consists of five (5) elements:

- ◆ **Transitional Work Experience (TWE)**
- ◆ **Transitional Residence Program (TR)**
- ◆ **Supported Employment Program (SE)**
 - ◇ **For Severe Mental Illness (SMI)**
 - ◇ **For Non-SMI: Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Spinal Cord Injury (SCI)**
- ◆ **Incentive Therapy Program (IT)**
- ◆ **Spinal Cord Injury Vocational Integration Program (SCI-VIP) [PrOMOTE Study] ***

*SCI-VIP is independently managed but falls under the CWT administrative umbrella. SCI-VIP will end in July 2015.

Components of CWT



Transitional Work Experience (TWE) Program

Supported Employment (SE) Program

- **For Severe Mental Illness (SMI)**
- **For Non-SMI (PTSD, Traumatic Brain Injury, Homelessness, etc.)**

Transitional Residence (TR) Program

Incentive Therapy (IT) Program

Spinal Cord Injury – Vocational Integration Program (SCI-VIP-PrOMOTE)

Transitional Work Experience

(TWE) Vision: The Transitional Work Experience (TWE) Program provides a structured environment in which clients participate in Transitional Work at least 30 hours per week. Clients for this program must have a mental health diagnosis and/or a medical disability. They must be medically stable, actively engaged in treatment, and have a goal of competitive employment in the community.

TWE Description: The TWE Program provides veterans with the skills, training, and income that will aid them in returning to competitive employment. The intent of the TWE Program is to serve veterans with multiple barriers to employment (i.e., long history of substance abuse, serious criminal records, long-term unemployment or limited education) who, in spite of the best of services, may not be able to obtain competitive employment at this stage of their recovery.

Transitional Residence (TR) Program

TR Vision: The TR Program provides a structured therapeutic residence in the community where clients participate in psychosocial/vocational rehabilitation activities at least 30 hours per week.

Participants for this program must have a mental health and/or medical diagnosis (i.e. Traumatic Brain Injury, PTSD, Substance Use Disorder, etc.) and be medically stable, capable of complete self-care and self-preservation in case of an emergency, and able to prepare their own meals.

TR Description: The Transitional Residence Program (TR) is a work-based Mental Health Residential Rehabilitation Program (MHR RTP) offering a therapeutic community of peer and professional support for veterans involved in the Transitional Work Experience Program (TWE), the Homeless Veterans Supported Employment Program (HVSEP), and the Supported Employment Program (SE). The VAPAHCS operates two residences in Menlo Park: the Gilbert Avenue house and the Eighteenth Avenue house. The program places a strong emphasis on:

- Securing permanent employment
- Securing permanent housing
- Increasing personal responsibility
- Achievement of individualized rehabilitation goals
- Safety
- Security
- Ability for self-medication

The primary objectives for these veterans are greater independence, improved social status, reduced hospitalization, and employment in the community based on their needs, abilities, strengths and desires.

Incentive Therapy Program

IT Vision: The Incentive Therapy (IT) Program serves as a vehicle for veterans to receive a monetary incentive for work performed. This concerted effort utilizes the resources available within the VA Palo Alto Health Care System to improve the quality of life for veterans in at least three major areas: (1) gaining a sense of purpose, (2) improving previous work habits, and (3) developing social relationships.

IT Description: The IT Program provides veterans with opportunities to develop and improve pre-vocational skills. Veterans work throughout the medical center providing services such as printing, landscaping, housekeeping and administrative support. Veterans earn hourly wages that are not to exceed

half the Federal Minimum Wage Standards, as determined by Congress. Based on overall function level, veterans can be referred to Transitional Work Experience (TWE) or Supported Employment (SE).

Supported Employment Program

SE Vision: The Supported Employment Program (SE) places participants directly into competitive employment in the community. They are provided with ongoing support services, referrals to supplementary services, and information on how work may impact benefits they are currently receiving. Veterans are eligible for SE if:

- The veteran's immediate vocational goal is to work in a competitive, community-based job.
- The veteran is eligible for VA services.
- The veteran has a sporadic work history (unable to hold a competitive job longer than three months).
- The veteran, if homeless, is receiving VHA homeless services (e.g., HCHV, Grant Per Diem, HUD-VASH, Domiciliary, RRTP, HCRV, VJO).
- The veteran is unable to obtain employment independently.

SE Description: The program provides competitive job placement for veterans referred to SE who meet all of the following criteria:

- Veteran is eligible for VA services
- Veteran wants to obtain immediate competitive employment

Supported Employment (Severe Mental Illness) Program

SE-SMI Vision: The Supported Employment-SMI (SE-SMI) Program places participants directly into competitive employment in the community. They are provided with ongoing support services, referrals to supplementary services, and information on how work may impact benefits they are currently receiving. Clients for this program must have a primary diagnosis of severe mental illness (SMI).

SE-SMI Description: The Supported Employment-SMI (SE-SMI) Program provides competitive job placement with on-site support services for participants with a diagnosis of severe mental illness (SMI). With little or no pre-vocational assessment, participants are placed in competitive jobs within the community. The job developer will continue working with veterans at the job site and with the employer for as long as clinically appropriate, providing support in maintaining employment. Veterans will also be given benefits information and referrals to appropriate agencies.

NOTE: "FY 2012 Fidelity Reviews" for SE were completed in January 2013.

Spinal Cord Injury Vocational Integration Program

SCI-VIP Purpose: This study will be an extension of the Spinal Cord Injury Vocational Integration Program (SCI-VIP). The study involves research about how to help veterans with spinal cord injury (SCI) gain employment. Vocational Rehabilitation is a special field of service aimed at putting persons with disabilities in the best possible position to become employed. The Veterans Administration has a long history of providing vocational rehabilitation for veterans with mental health issues and has recently started providing similar services to persons with physical

disabilities, including SCI. Past research has shown that vocational rehabilitation is effective in helping some veterans with spinal cord injury (SCI) gain employment. The extension of this work through PrOMOTE research will establish a large national database of over 2000 veterans with SCI, containing extensive employment, medical, functional, and psychosocial data. The study will analyze both quantitative and qualitative measures to maximize its findings.

Our Client descriptions:

- **TWE and TR Programs:** Veterans who participate in the TWE and TR Programs must have a mental health and/or medical diagnosis (i.e. Traumatic Brain Injury, Substance Use Disorder, PTSD, etc.) which prevents them from returning to their previous type of employment. Participants must be engaged in treatment at the VAPAHCS.
- **IT Program:** Veterans who participate in the IT program must have a mental health and/or medical diagnosis (i.e. Traumatic Brain Injury, Substance Use Disorder, PTSD, etc.) and/or other significant barriers to employment. Participants must be engaged in treatment for mental health, medical, and/or substance abuse issues.
- **SE Program:** Veterans who participate in this program must be homeless and/or diagnosed with a medical or mental health disorder (i.e. PTSD, Substance Use Disorder, Spinal Cord Injury, etc.). Homeless veterans must be engaged in a VA homeless program, i.e., HCHV, Grant Per Diem, HUD-VASH, Domiciliary, etc.
- **SE-SMI Program:** Veterans who participate in this program must have a diagnosis of severe mental illness. Participants must be engaged in a treatment program at the VAPAHCS for case management.

Our Partners/Stakeholders:

Stakeholders for the CWT Program include:

- **Alumni:** The CWT alumni are successful graduates of the CWT Program. They meet annually and are supported by CWT staff. They are also featured in the CWT Newsletter on a case-by-case basis.
- **External Stakeholders:** External stakeholders include employers in the community, who employ CWT participants.
- **Internal Stakeholders:** Internal stakeholders include referral sources that are staff at VA programs that recommend veterans to our programs. Some of these referral sources are the Mental Health Clinic, Homeless Veterans Rehabilitation Program (HVRP), Addiction Treatment Service (ATS), and New Horizons.



The CARF Mission

"To promote the quality, value and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of persons served."

- **Management:** CWT Management includes: VAPAHCS Hospital Director, Chief of Staff, Deputy Associate Chief of Staff, Chief of Psychology Service, Quality Management and VA Central Office (VACO).
- **Volunteers:** Volunteers include the two house managers for the TR program. These two homes are located at Eighteenth Avenue and Gilbert Avenue in Menlo Park.
- **Pathways-Student:** A current undergraduate student who assists the CWT Program in a variety of program needs, i.e. database maintenance, payroll assistance and other administrative functions.
- **Consultants:** A full-time, contract Job Developer who monitors the CWT Resource Room and assists veterans with job searches and skills training. Job Developer also created and maintains an online Employment Resource, which veterans can access at any time. Two full-time, contract Technical Writers who perform program outcomes data extrapolation and analysis, documentation of program adherence to CARF Standards, and the publishing of all program-related and participant-related program collaterals (i.e., brochures, client handbooks, program newsletter, etc.).

WHAT PARTICIPANTS CAN EXPECT FROM THE PROGRAM

- Development and improvement of pre-vocational skills.
- Assistance with competitive job placement.
- Ongoing support services, referrals to supplementary services, and information on how work may impact benefits they are currently receiving.
- Gaining a sense of purpose, improving work habits, and developing social relationships.
- Fair and reasonable compensation.

WHAT OUR EXTERNAL STAKEHOLDERS EXPECT FROM THE PROGRAM

- Participants who understand and accept personal responsibility.
- Participants who are medically stable and have a goal of competitive employment.

Imminent Social Changes Requiring Consideration:

Veterans returning from Afghanistan and Iraq constitute the new, growing population at the VA. These veterans, significantly younger than the present clients we serve (median age: 50), need to be informed about readjustment issues so that they can reintegrate back into community living. They may have sustained combat-related injuries. They may also have difficulties finding and maintaining competitive employment. When they do find jobs, their employers and co-workers must not assume that all returning veterans are having readjustment issues.

The reintegration of these veterans should include employment services where the employment is mainstream. Benefits counseling must be provided in a timely manner. Veterans and their prospective employers should be made aware of employment accommodations for combat-related injuries and psychiatric symptoms such as PTSD. To accomplish this, CWT will focus on integrating care and utilizing technology to streamline the process of reintegration.

STRENGTHS AND RECOGNITIONS

POLICY AND PROCEDURE OVERSIGHT

Although the CWT Program is a component of the Veterans Health Administration and is bound by its regulations and policies, the VA also utilizes the services of private sector organizations who have a particular expertise in mental health rehabilitation programs to supplement and support its mission. A description of one of these organizations follows.

The CWT Program is CARF Accredited

Who is CARF?

Founded in 1966 as the Commission on Accreditation of Rehabilitation Facilities, CARF International is an independent, nonprofit accreditor of human service providers in the areas of aging services, behavioral health, child and youth services, Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS), employment and community services, medical rehabilitation, and opioid treatment programs.

The CARF family of organizations currently accredits more than 5,000 providers at more than 18,000 locations in the United States, Canada, Western Europe, South America, and the South Pacific. More than 7.2 million persons of all ages are served annually by CARF accredited providers. CARF surveyors are among the industry's most knowledgeable and respected experts in the field of rehabilitation and human services. CARF surveyors administer an accreditation process that distinguishes rehabilitation and human services providers for their quality and outcomes focus. It is CARF's ambition to develop and maintain current, field-driven standards that improve the value and responsiveness of the programs and services delivered to people in need of rehabilitation and other life enhancement services.

Accreditation is a good sign that an organization cares about delivering quality services to its customers. Being awarded accreditation is a "seal of quality" that the organization's services have delivered positive results. A CARF accredited organization shows a commitment to continually improving its services.

The TWE, TR, HVSEP and SE Programs are CARF accredited. In 2013, the **CWT Program** received another three (3) year accreditation and received no recommendations for program corrections. This is noteworthy, as only 3% of all CARF accredited programs nationally and internationally achieve a "no recommendation" comment.

Staff continue to participate in monthly CARF conference calls to keep updated on new standards and changes required by the VA. For more on CARF visit: <http://www.carf.org/default.aspx>

STRENGTH OF STAFF:

CWT staff have been working together for many years. Collectively, the staff has increased the program from 40 clients per year to between 300 and 400 clients per year. All staff members attend frequent training sessions and regularly meet with the Program Manager for reviews and evaluations. Staff meet weekly for treatment team meetings, a CARF meeting, and other VA interdisciplinary meetings, as necessary.

Certifications: In FY 2010, one staff member completed the CRC (Commission on Rehabilitation Counselor) certification, and another staff member received Certified Psychiatric Rehabilitation Practitioner credentials (CPRP). In 2012, the program gained a new Licensed Clinical Psychologist/Clinical Coordinator who holds a Ph.D. and a license in two states. Another staff member received CPRP certification in 2013. At this writing, two more staff members are currently studying for CPRP Certification, further demonstrating the CWT staff's commitment to obtaining the highest quality in training and certification in its field of endeavor. Currently, all but one staff member (of those with direct patient care) hold specialized credentials.

Efficiency: Staff strive to meet or exceed national outcomes for all programs. Outcomes are collected on a regular basis for NEPEC and these outcomes are used in our Annual Outcomes Report and Narrative, (see Outcomes Report FY 2013).

SERVICE AREA NEEDS

Despite being in existence for over 15 years, the CWT Program is not as well-known in the community as it should be. Staff members have been making a conscientious effort to present the programs at conferences and workshops, meet with community organizations, and make presentations to management. Still, CWT remains relatively obscure and misunderstood.

Other weaknesses which have been addressed in the CWT Accessibility Plan include:

- Staff outreach needs to expand to cover greater area and help the program gain exposure. Staff will continue to make presentations in the community.
- CWT Alumni are still dependent on CWT staff and require assistance in keeping the association active. Alumni association attendance has dropped sharply. Currently, alumni are sent the CWT newsletter each quarter and are encouraged to regularly check the program's website for up-to-date information on CWT events, as well as other opportunities for staying connected to the program.
- The Gilbert Avenue Transitional Residence unit is in the process of becoming compliant with ADA standards. The house received a new roof in FY 2013, and is expected to receive a new ADA compliant ramp in FY 2015. Both the Gilbert and 18th Avenue residences received air conditioning units in FY 2014.

Additionally, a new Employer Handbook was developed in FY 2009 to establish a better understanding of the policies and procedures pertaining to work and safety, and to provide a more comprehensive description of participant and employer relations. The handbook is updated to reflect any changes in policies and/or procedures.

The CWT Program expects to move from its current location in Building 321 to Building 348 in 2016. However, no details have been given as to an exact timeline or to architectural layout.

PROGRAM EXPANSION

As part of the President's five (5) year initiative to end homelessness among veterans, the **CWT Program** added (in FY 2011) five (5) new Vocational Rehabilitation Specialists (VRS) to its staff to focus on community employment. This program (HVSEP) was time-limited, and terminated at the end of FY 2014. CWT was able to bridge this gap, however, by absorbing two of the program's VRSs into other programs within CWT. One VRS joined the SE program, and the other became a "floating" VRS position, who works with clients in the SE (non-SMI) and TWE Programs.

CWT will also be hiring for another floating VRS position in early FY 2015 (Fall 2014). The program will have another VRS vacancy after October 31, 2014, which is expected to be filled in January 2015.

National Changes

Therapeutic Supported Employment Services (TSES), the organization that encompasses all national CWT programs, will be unveiling a new re-organization plan in early 2015. Details of the plan are still unknown, but changes in nationwide policies and procedures will need to be incorporated into CWT's day-to-day functioning, handbooks, Strategic Plan and Accessibility Plan, and may include restructuring of programs.

THE COMPETITIVE ENVIRONMENT

- There is limited low-cost housing available in the area for CWT participants, although the HUD-VASH Program has helped some veterans attain housing vouchers for low-cost housing.
- The public transportation systems in San Mateo and Santa Clara County cause difficulties for participants without cars to get to and from their work assignments due to lack of connections, scheduling, and elevated costs. Staff has conducted outreach campaigns with companies in the community that run private shuttles to possibly accommodate veterans along work routes. Potential collaborations continue to be discussed. Staff is also negotiating a contract with VTA Outreach to provide transportation for disabled veterans. (See also CWT Accessibility Plan for FY 2013-2014.)
- The area in which CWT participants are seeking competitive employment is experiencing a 5.8% rate of unemployment (average rate between Santa Clara and San Mateo counties as of February 2014). While our program exceeded the national CWT average of participants employed at discharge, competitive employment opportunities continue to be a formidable challenge to our veterans who have significant barriers to employment.
- Criminal records may prevent participants from gaining employment in the community.

FINANCIAL OPPORTUNITIES

The CWT Program is a component of the Department of Veterans' Affairs, whose annual budget is regulated by Congress. New financial opportunities for CWT are contingent upon new Mental Health funding initiatives from Central Office and Congressional approval.

FINANCIAL THREATS

The CWT Program faces new financial challenges since a Congressional order issued in 2013 stated that rollover of funds between fiscal years will no longer be allowed. The order states that the program will not be able to carry more than \$1,000 of the remainder in its account over to the next fiscal year. Although funds taken from program account at the end of a fiscal year are to be returned to account at the beginning of the next fiscal year, the disruption in funding limits CWT's flexibility in serving clients, as well as in acquiring new contracts.

Accomplishing necessary and timely repairs on the TR houses remains a challenge and one that needs to be further addressed in 2014 due to the procurement process. The current procurement policy states that any purchase costing more than \$3,000 must be put out for bid before purchase can be made.

The IT Program is faced with the continuing challenge of finding suitable positions within the medical center; this due to HIPPA and confidentiality issues. New worker assignments are being investigated.

While the CWT Program has a permanent employee performing payroll functions, there is, at present, no staff member currently prepared to assume payroll should that become necessary. Timely and accurate payroll submission is crucial to the program's success, and staff feel that having a trained back-up payroll/fiscal officer is vital to the Program's Risk Management. Therefore, accomplishing this goal will be a high priority for FY 2014.

RELATIONSHIP WITH EXTERNAL STAKEHOLDERS

CWT enjoys an excellent relationship with its external stakeholders, as evidenced by a nearly 100% "satisfied" response in each of three categories from the FY 2012 "Satisfaction Survey." Categories rated by external stakeholders are:

- Communications
- Referrals in a timely manner
- Referring the program to others

REGULATORY ENVIRONMENT

The Compensated Work Therapy Program is one of many arms of the Veterans Administration. As such, CWT is subject to any and all policies set forth by the Veterans Administration, which in turn is a department within the Executive Branch of the United States government.

LEGISLATIVE ENVIRONMENT

See "Regulatory Environment" above. CWT falls under the Title 38 Federal Regulation Code.

NON-DISCRIMINATION POLICY

In accordance with VA Palo Alto Health Care System policy, the CWT Program endeavors to provide timely, coordinated and integrated case management service to veterans. The program does not discriminate based on age, culture, race, religion, gender, sexual orientation, socioeconomic status or educational background, nor does it reject clients based on medical disabilities or mental health issues. In some cases, other VA programs may be better able to serve certain medical/mental health needs. In these cases, CWT will work with the client and providers to triage the client into more appropriate programs.

TWE Outcomes

TWE Program

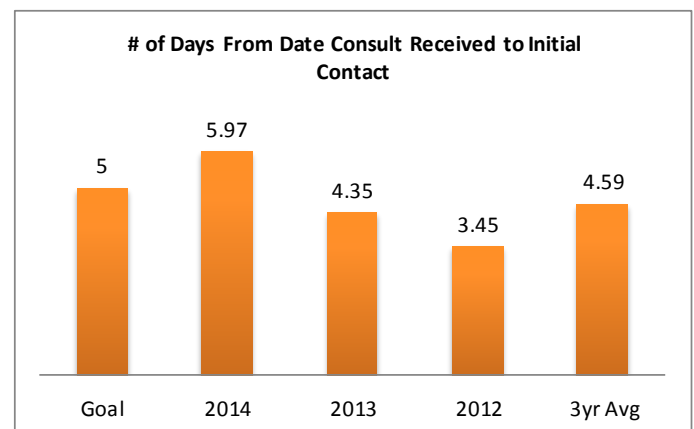
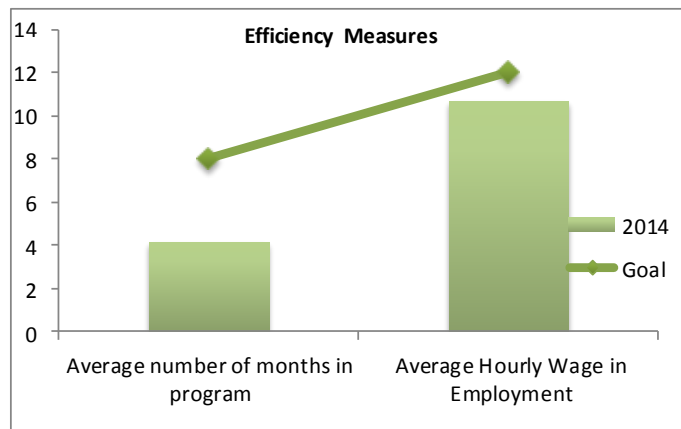
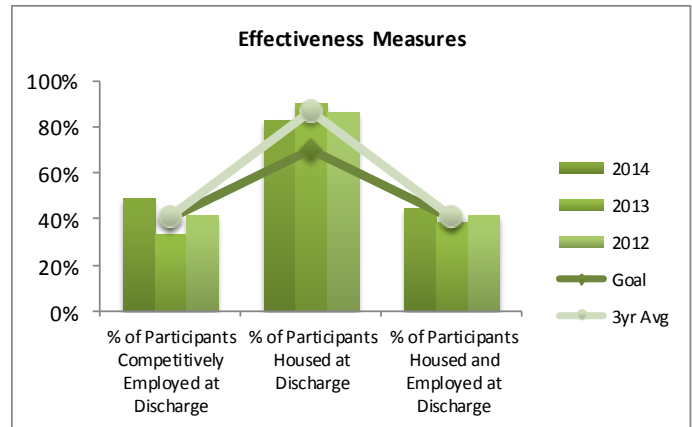
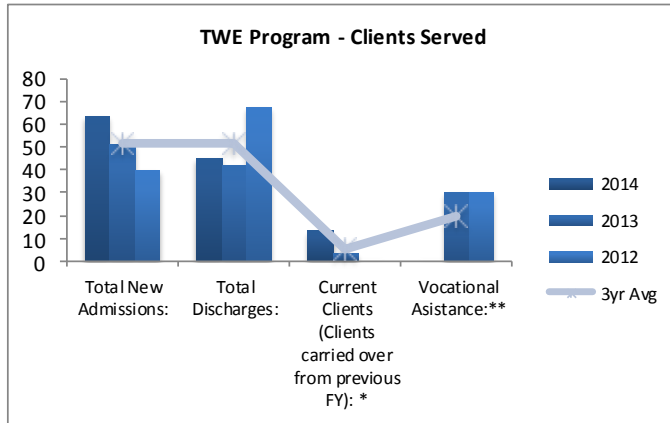
Category	Goal	2014	2013	2012	3yr Avg
Total New Admissions:		63	51	40	51.3
Total Discharges:		45	42	67	51.3
Current Clients (Clients carried over from previous FY): *		13	3	0	5.3
Vocational Assistance:**		0	30	30	20.0
Total Served:		121	126	137	128.0

Effectiveness Measures	Goal	2014	2013	2012	3yr Avg
% of Participants Competitively Employed at Discharge	40%	48.89%	33.30%	41.70%	41.30%
% of Participants Housed at Discharge	70%	82.22%	90.50%	86.60%	86.44%
% of Participants Housed and Employed at Discharge	40%	44.44%	38.10%	41.70%	41.41%
Efficiency Measures					
Average number of months in program	8	4.14	No Data	No Data	No Avg
Average Hourly Wage in Employment	\$ 12.00	\$10.73	No Data	No Data	No Avg
Service Access Measures					
# of Days From Date Consult Received to Initial Contact	5	5.97	4.35	3.45	4.59

* This figure includes some clients who have been placed in competitive employment but not formally discharged from TWE yet

** No recorded data was available for this measure, although there were likely many voc assists in FY 2014. A new method of recording voc assists has been implemented, and should help with tracking.

TWE cont.



TR Outcomes

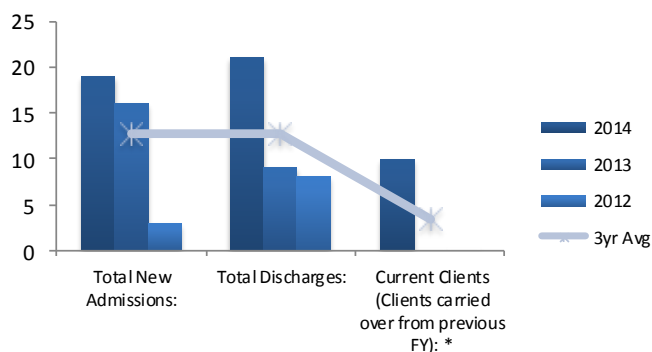
TR Program

Category	Goal	2014	2013	2012	3yr Avg
Total New Admissions:		19	16	3	12.7
Total Discharges:		21	9	8	12.7
Current Clients (Clients carried over from previous FY): *		10	0	0	3.3
Total Served:		50	25	11	28.7

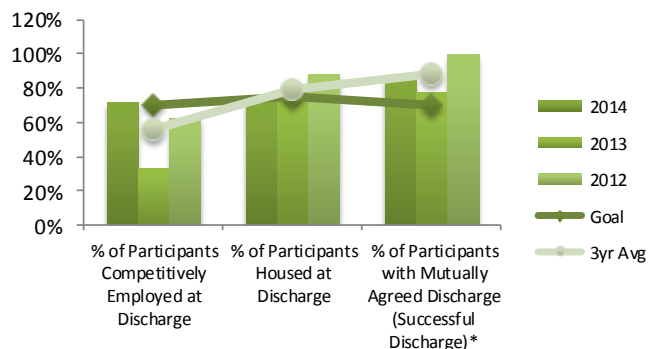
Effectiveness Measures	Goal	2014	2013	2012	3yr Avg
% of Participants Competitively Employed at Discharge	70%	71.43%	33.30%	62.50%	55.74%
% of Participants Housed at Discharge	75%	71.43%	77.80%	87.50%	78.91%
% of Participants with Mutually Agreed Discharge (Successful Discharge)*	70%	85.71%	77.80%	100.00%	87.84%
Efficiency Measures					
Occupancy Rate	85%	85%	82.60%	No Data	83.80%
Service Access Measures					
Mean length of Stay with Mutually Agreed Discharge (# Months)	10	6.89	7.9	No Data	7.40

* Numbers may not align with HOMES report, as changes in criteria occurred after the deadline to report

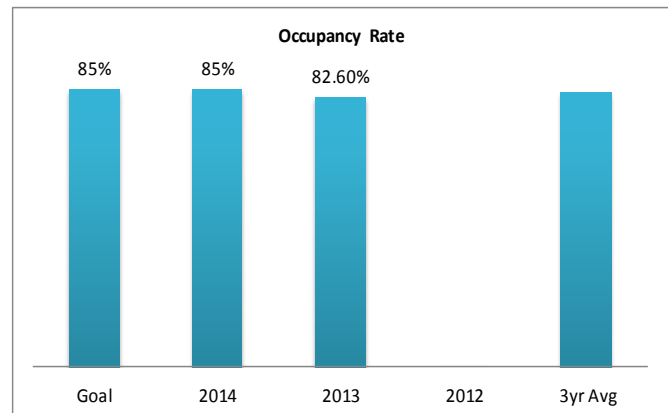
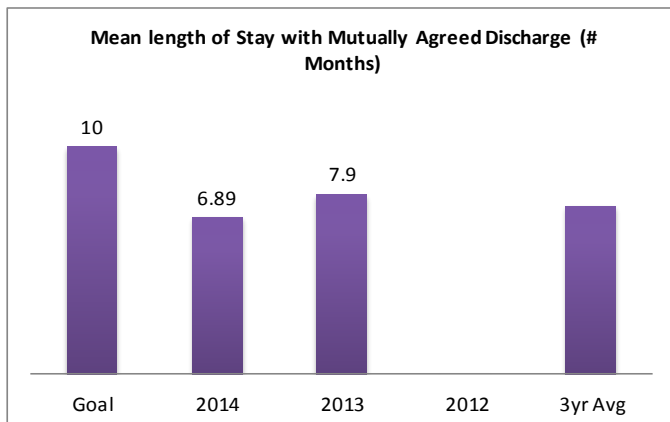
TR - Clients Served



Effectiveness Measures



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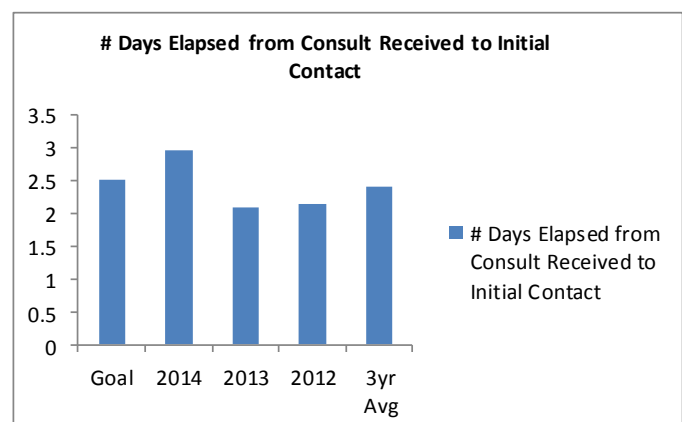
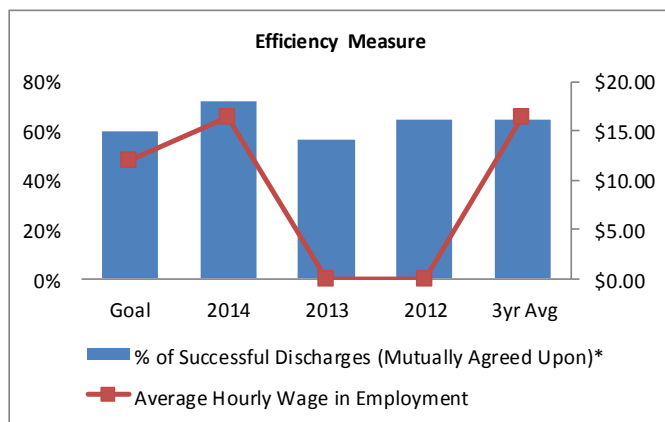
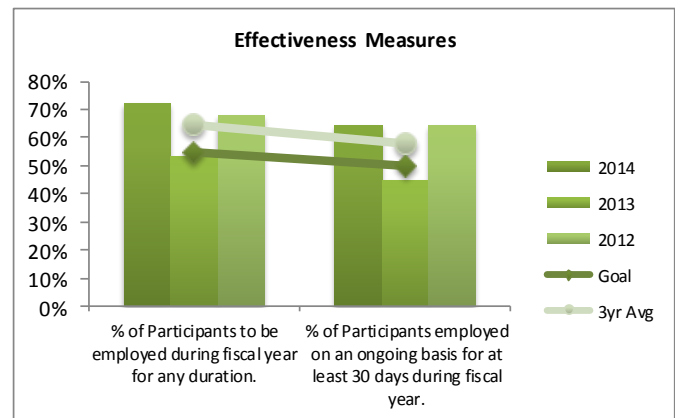
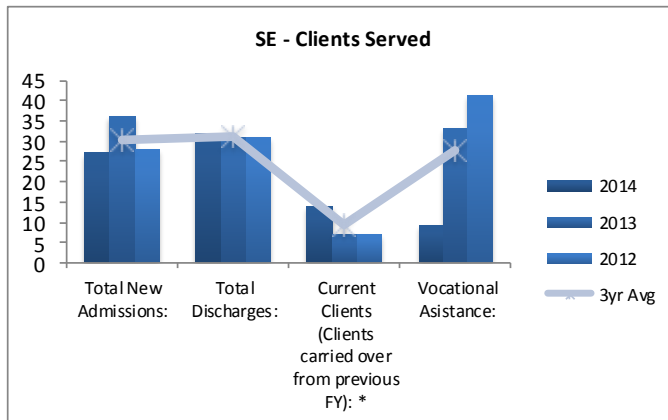
SE (SMI) Outcomes

SE Program

Category	Goal	2014	2013	2012	3yr Avg
Total New Admissions:		27	36	28	30.3
Total Discharges:		32	31	31	31.3
Current Clients (Clients carried over from previous FY): *		14	7	7	9.3
Vocational Assistance:		9	33	41	27.7
Total Served:		82	107	107	98.7

Effectiveness Measures	Goal	2014	2013	2012	3yr Avg
% of Participants to be employed during fiscal year for any duration.	55%	72.13%	53.00%	67.80%	64.31%
% of Participants employed on an ongoing basis for at least 30 days during fiscal year.	50%	63.93%	45.00%	64.40%	57.78%
Efficiency Measures					
% of Successful Discharges (Mutually Agreed Upon)*	60%	72%	56.20%	64.53%	64.24%
Average Hourly Wage in Employment	\$12.00	\$16.46	No Data	No Data	\$16.46
Service Access Measures					
# Days Elapsed from Consult Received to Initial Contact	2.5	2.96	2.1	2.14	2.40

SE cont.



* These outcomes reflect SE-SMI only. The SE non-SMI Program was created towards the end of FY 2014, so there was not enough data at the end of FY 14 to produce an Outcomes Report. Parameters for successful outcomes will be set for SE non-SMI at the beginning of FY 15.

HVSEP Outcomes

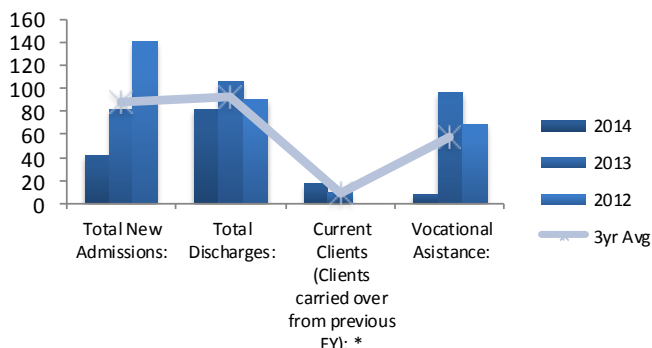
HVSEP Program*

Category	Goal	2014	2013	2012	3yr Avg
Total New Admissions:		42	81	140	87.7
Total Discharges:		81	106	91	92.7
Current Clients (Clients carried over from previous FY): *		17	10	0	9.0
Vocational Assistance:		9	97	69	58.3
Total Served:		149	294	300	247.7

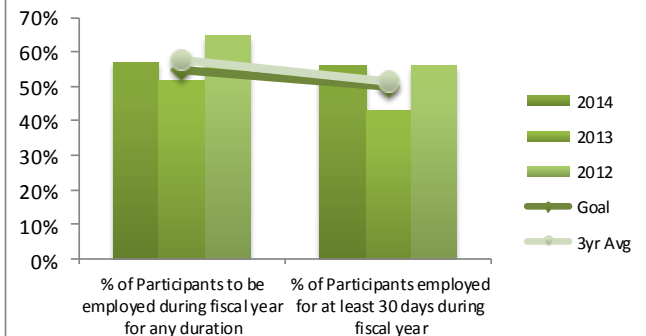
Effectiveness Measures	Goal	2014	2013	2012	3yr Avg
% of Participants to be employed during fiscal year for any duration	55%	57.10%	51.80%	64.50%	57.80%
% of Participants employed for at least 30 days during fiscal year	50%	55.95%	43.10%	55.80%	51.62%
Efficiency Measures					
Average Hourly Wage in Employment	\$12.00	\$14.45	\$15.26	\$12.27	\$13.99
% of Participants Successfully Discharged	55%	75.32%	78.50%	70.33%	74.72%
Service Access Measures					
# of Days From Consult to Initial Contact	3	9.8	2.25	1.36	4.47

* These are the H1 numbers for HVSEP, as the program ended halfway through FY 2014. Many of this program's clients were absorbed into either SE or TWE.

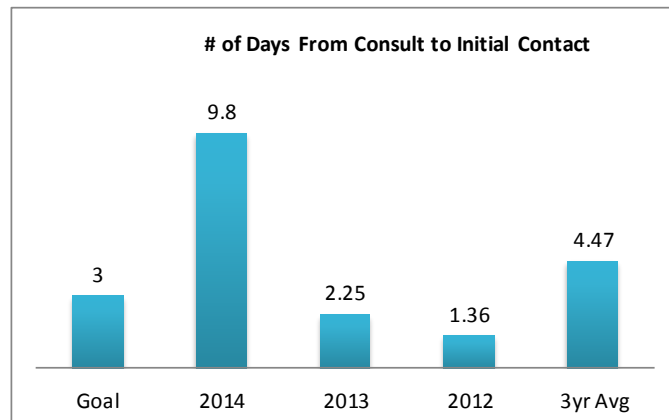
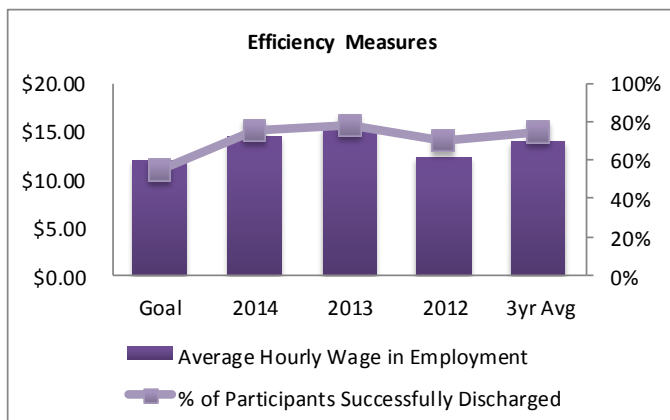
HVSEP - Clients Served



Effectiveness Measures



HVSEP cont.



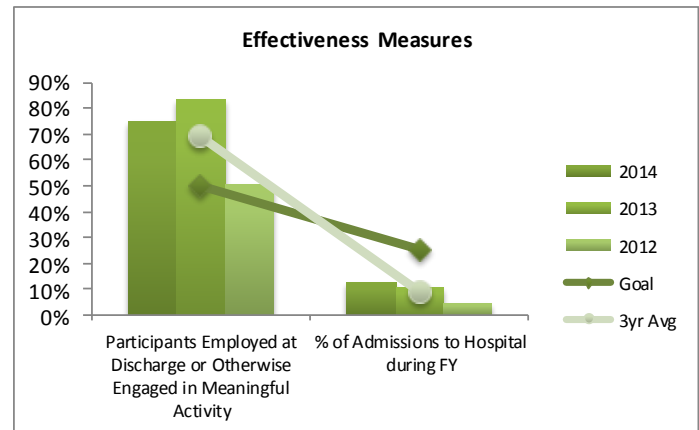
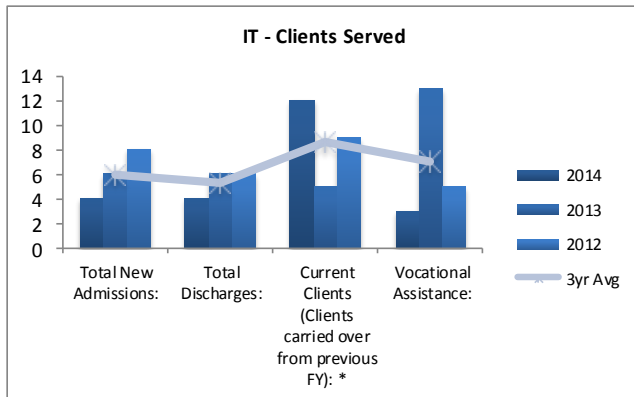
IT Outcomes

IT Program

Category	Goal	2014	2013	2012	3yr Avg
Total New Admissions:		4	6	8	6.0
Total Discharges:		4	6	6	5.3
Current Clients (Clients carried over from previous FY): *		12	5	9	8.7
Vocational Assistance:		3	13	5	7.0
Total Served:		23	30	28	27.0

Effectiveness Measures	Goal	2014	2013	2012	3yr Avg
Participants Employed at Discharge or Otherwise Engaged in Meaningful Activity	50%	75.00%	83.30%	50.00%	69.43%
% of Admissions to Hospital during FY	25%	12.50%	10.50%	4.35%	9.12%
Efficiency Measures					
# of Days Elapsed From Consult Received to Initial Contact	5	5	3.64	4.05	4.23

IT cont.



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CWT Affiliations



Following are goals the CWT Program expects to achieve in FY 2015

- ◆ Continue work on advising and providing veterans with information on means of transportation to and from work locations, especially those affected by late/early hours and weekends (public transportation is not always practical). Staff will assess transportation costs from FY 2014 to get a better understanding of transportation costs for the year for budgetary reasons.
 - * Jesse helps veterans with transit.
 - * Work with VA to allow us to receive transportation help via agencies like Outreach.
- ◆ Staff will continue making presentations on all the programs to the community and to management. Staff will present to Lisa Freeman, and will reach out to VAPAHCS management about presenting to greater VAPAHCS staff.
- ◆ Build a relationship with the hospital to help it view CWT as a mental health program.
 - * Staff could present CWT at Psychology retreat and emphasize its connection to Psychology.
 - * Provide continuous education on referral processes to referral sources.
 - * Staff could go to Director's meeting.
- ◆ Staff will continue to network with HUD-VASH and community agencies to locate more affordable housing, and will inform veterans of 24-hour hotline to help homeless veterans locate shelters. Housing info is also available in online Employment Resource.
- ◆ Staff will continue to assist participants in applying for and receiving their credit/DMV/criminal report.
- ◆ Staff will strategize/implement ways to create an alumni group that will operate with minimal staff involvement.
 - * Creating a Shutterfly book with alumni photos and success stories.
 - * Use veteran emails in database to get back in contact with successful alumni and urge them to come talk to other veterans.
 - * Add question to Resource Room sign-in sheet (next to email line): "Would you like to mentor or be mentored by other veterans?" Also ask: What type of work do you do? (May need release of information)
 - * Create an alumni network, connecting veterans with each other. Incentivize by informing veterans that they can help fellow veterans, and maybe give occasional talks to give advice/support.
- ◆ The TWE Program will finalize new time cards and present them to employers.
- ◆ Follow-up work evaluations will be completed quarterly with all TWE participants.
- ◆ TR participants and staff will continue to create a neighborly, community-centric atmosphere in and around the houses.
- ◆ Repairs to the Transitional Residences (including ADA compliance repairs for the Gilbert Avenue home, and new blinds, furniture and oven for the 18th Avenue home) will be completed.
- ◆ Staff will work with the Mental Health Clinic to ensure that all CWT participants receive their flu shots.
- ◆ To illustrate greater movement in the IT Program, new participants will be discharged after 18 months. Participants will, however, be evaluated and allowed to re-apply on a case-by-case basis.
- ◆ Continue working with veterans to improve monthly progress in achieving their rehabilitation, housing and employment goals (30 day updates).
- ◆ VISN 21 Retreat for all the SE programs will be coordinated and Central Office will attend. Keith will continue to have quarterly or as-needed contact with other SE sites, in lieu of VISN 21 Retreat cancellation.

- ◆ Continue adding relevant information, resources and links to the CWT website.
 - ◆ Continue “Diversity and Cultural” training on a quarterly basis at staff meetings.
 - ◆ Continue CARF committee meetings, with one representative from each program in attendance, to prepare for 2016 survey
 - ◆ Increase awareness of CWT amongst homeless vets. Community Employment Coordinator’s hiring will help spread awareness of CWT services for homeless vets.
 - * Increase awareness of SE (non-SMI) through marketing material.
 - ◆ Promote CWT as a Vocational Rehabilitation Program, while providing a broader range of comprehensive services related to vocational issues.
 - * Continue community meetings and presentations, integration. Take alumni to VRC.
 - * Reduce/limit barriers to admission in order to assist veterans that don’t fit neatly into diagnostic standards of the CWT Program (SE (non-SMI) will help with this).
 - ◆ Promote CWT as a self-sufficiency program which helps provide placement in permanent jobs.
 - ◆ Provide an office or other space to implement mock interviews, which will include cameras.
 - ◆ Regulate the noise level in the CWT Resource Room. Consider banning repeat offenders who are too loud or use profanity. Put up a sign to address noise level, cell phone usage, profanity, etc.
 - ◆ Plan for move to new building when move date is eventually announced (still TBD).
 - ◆ Create plan of succession for next 3-5 years, including filling new VRS positions.
 - ◆ Continue working on newly implemented consult process, particularly once new VRSs are hired.
 - ◆ Use technology/social media to assist in job placement and job development, and increase computer literacy for veterans.
 - * Computer literacy class on SMART board in Resource Room.
 - ◆ Tailor services to appeal to younger returning veterans who may be more tech-savvy than older populations, and who may have different needs.
 - * My HealtheVet could be a starting point.
 - ◆ Continue to cater to needs of older veteran population, assisting with job searches and computer/internet usage.
 - ◆ Adapt to TSES changes once CO announces them.
- Keep track of voc. assists for documentation (will not require consult)
- * Use Voc. Assist worksheet on server, which will then import to database.